HOSPITAL STATEMENT OF COST South Dakota Department of Social Services

Effective Date: January 28, 2013

This form is authorized by SDCL 28-13, and hospitals are required to file the completed form with the Department of Social Services at least annually to participate under the County Poor Relief Program.

Name of Hospital:	Avera St. Luke's	RECEIVED
Address:	305 South State Street Aberdeen, SD 57402-4450	DEC 2 8 2012
Period covered by statement:	July 1, 2011 - June 30, 2012	PROVIDER REIMBURSEMENT AND AUDITS
		REIMBURSEWIEW

NOTE: SDCL 28-13-28. A hospital may avail itself of the provisions of this chapter for purposes of determining payment for hospitalization of a medically indigent person only if the hospital has filed a detailed statement of costs with the secretary of social services in the form prescribed by the secretary. The statement of costs shall compute and set forth the ratios of costs to charges for the hospital's fiscal year covered by the statement of costs. The statement of costs shall be filed with the secretary at least annually, unless such period is extended or otherwise provided by the secretary, but a hospital may file a detailed statement of costs or amendments to such a statement once every six months.

NOTE: SDCL 28-13-31. No statement of costs, or amendment thereto, may take effect until approved by the secretary of social services and the expiration of thirty days from the filing thereof, and thereafter, for purposes of this chapter, shall remain in full force and effect until the next statement of costs, or amendment thereto, filed by the hospital pursuant to 28-13-28 is approved by the secretary. Any such statement of costs, or amendments thereto, shall be a public record and be available for inspection at any time in behalf of any board of county commissioners.

DEPARTMENTAL	Column A - Cost	Column B - Charges	Ratio of Cost to Charges
LISTING	(Per Medicare Cost Report)	(Per Medicare Cost Report)	Column A Divided by Column B
INPATIENT ROUTINE SERVICE	14,911,491	-2 3;663;589°	0-630144
NURSING CARE			
Nursing Facility-Skilled	5,767,670	6,736,136	0.856228
Nursing Facility-non-skilled	3,458,944*	3,016,706	1.146596
Psych Unit	-1,723,117	3,900,771	0.441738
Rehab Unit	**************************************	TOE OF THE PROPERTY OF THE PRO	0.831598
SPECIAL CARE			
Intensive Care Unit	3,297,883	6,246,224	0.527980
Coronary Care Unit			
Intermediate Care Unit			
Acute Care Unit			
Burn ICU			
Neonatal ICU			
NURSERY CARE	735,782	1,273,775	0.577639
ANCILLARY SERVICE	67,681,387 -75,944,399	-220,425,800 235,810,281	0,307048 -0.322037
HOME HEALTH		• 31,207,765	1.080844 L
HOSPICE	1,363,834	2,471,707	0.551778
OBERVATION BEDS	§999,852	1;832;552	0.545606
AMBULANCE SERVICES		erse side of this form.	0. 69399
CLINIC	7, 156, 144	12,348,836	0.5794